



185 International Drive  
Portsmouth, New Hampshire 03801-6809

## Fax

**To:** Sprague - Natural Gas Retail Marketing Group  
**Fax:** 603-430-5320  
**Phone:** 877-FLOW-GAS  
**Pages:** 1  
**Subject:** St. Lawrence Gas Retail History Authorization Form

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Yes, I hereby give consent for Sprague to receive 12 months of payment<sup>1</sup> and 24 months of usage history for my natural gas account located at the address below (please print):

**Account Information - as it appears on your St. Lawrence Gas bill**

(For multiple locations please add another sheet if necessary)

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City & State: \_\_\_\_\_

My current natural gas supplier is (optional): \_\_\_\_\_

**Customer Contact Information**

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Via (check one):     Email                       Phone

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<sup>1</sup> The following language is required by St. Lawrence Gas. "The payment history shall be limited to whether or not the company had late payments and/or been disconnected during the past 12 months."